

## Accepted Manuscript

Title: The scaling-up of Neighbourhood Care: from experiment towards a transformative movement in healthcare

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PII: S0016-3287(16)30167-7

DOI: <http://dx.doi.org/doi:10.1016/j.futures.2017.04.004>

Reference: JFTR 2213



To appear in:

Received date: 27-5-2016

Revised date: 10-4-2017

Accepted date: 12-4-2017

Please cite this article as: Françoise Johansen, Suzanne van den Bosch, The scaling-up of Neighbourhood Care: from experiment towards a transformative movement in healthcare, *Futures* <http://dx.doi.org/10.1016/j.futures.2017.04.004>

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## The scaling-up of Neighbourhood Care: from experiment towards a transformative movement in healthcare

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## Research highlights

- Buurtzorg is a key example of a scaled up 'transition experiment' in healthcare
- Their radically new approach has supported a transformative movement in healthcare
- This movement is indicated by ongoing changes in culture, structure & practices
- Explained by alignment of contextual factors, strategic position and strategic actions
- Conceptual framework to identify key strategic activities for *niche-mainstreaming*

## 1. Introduction

Healthcare systems in developed countries are facing a number of challenges, including demographic changes such as the ageing of the population and related increase in chronic diseases, increasing healthcare costs and increasing demands of society regarding the quality of healthcare. Lagergren (1985) foresaw these challenges and the need for structural changes in public healthcare more than 30 years ago. In the past decades, different actors in the Netherlands have tried to meet these challenges by optimising the existing healthcare system by means of policy reforms, cost control and incremental innovation. Different authors describe how the boundaries of this optimisation in healthcare are being reached, illustrating that the current healthcare system is not sustainable or 'fit for the future' (Broerse & Bunders, 2010; Hancock, 1999; Plsek & Greenhalgh, 2001; Transition Arena Care, 2009). 'Healthcare sustainability' refers to the balance between the demand for care and the capacity to deliver it (Janssen & Moors, 2013). The current Dutch system for long-term care does not have long-term viability in terms of quality, affordability, accessibility and acceptability (Schuitmaker, 2013). It has not yet been able to adapt to ongoing changes and is therefore not a resilient system: it is unsustainable in the current design.

However, in the past decade, a transformative movement in the Dutch long-term care sector has been changing the dominant way of thinking and working in healthcare. A frontrunner in this movement is 'Neighbourhood Care', which is referred to in this article by their Dutch designation 'Buurtzorg'. Buurtzorg is formed by a network of nurses who work in small-scale, self-managed teams to provide homecare in neighbourhoods. When they started in 2006, their approach was radically new because it had fundamentally different characteristics from the dominant approach in healthcare: Buurtzorg aimed to empower both nurses and patients, create meaningful relationships between nurses, patients and their social network and

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